



DATE RECEIVED	APPROVED	\$\$\$
#	OFFICE USE ONLY	

Healthy Lifestyle Solutions Incentive Program 2009/10 Application

MEMBER INFORMATION (Active employees with MCSIG benefits only)

NAME (First, Middle Initial, Last)		BIRTHDATE (mm/dd/yyyy)
E-MAIL ADDRESS:		HOME PHONE ()
HOME ADDRESS	CITY / STATE / ZIP	SCHOOL/OFFICE
EMPLOYER/DISTRICT (please do not abbreviate)		WORK PHONE ()
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	SOCIAL SECURITY NUMBER (will be used for verification purposes only) - -
STATUS: <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Administrative		PROGRAM START DATE: When do you expect to start the program? / /
DID YOU COMPLETE A WELLNESS ASSESSMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, YOU MUST COMPLETE A WELLNESS ASSESSMENT IN 2009/10		

HEALTH ACTION TOTAL ESTIMATE

Please check those boxes (actions) that you expect to achieve in the next 12 months (July 1– June 30). The number in parentheses is the value of the health action. For complete descriptions refer to the Health Action List.

<input checked="" type="checkbox"/> WELLNESS ASSESSMENT (1) <input type="checkbox"/> ROUTINE PHYSICAL EXAM (1) <input type="checkbox"/> PHYSICAL ACTIVITY (1) <input type="checkbox"/> TOBACCO FREE (1) <input type="checkbox"/> HEALTHY WEIGHT (< 30 BMI) (1) <input type="checkbox"/> ANNUAL FLU VACCINE (1)	<input type="checkbox"/> PROGRAM PARTICIPATION (1-2) <input type="checkbox"/> COMMUNITY EVENT Walk/Run or Triathlon (1) <input type="checkbox"/> SELF-DIRECTED LEARNING (1) <input type="checkbox"/> BLOOD PRESSURE (139/89 or less) (1) <input type="checkbox"/> CHOLESTEROL RATIO (4.5 or less) (1) <input type="checkbox"/> NON-FASTING GLUCOSE (140 or less) (1)
ADD UP YOUR ACTIVITIES: <input style="width: 100px; height: 20px;" type="text"/>	TOTAL POSSIBLE ACTIVITIES: 13

What incentive cash award are you applying for?

BRONZE \$100 = 6/13 Activities **SILVER \$200 = 7/13 Activities** **GOLD \$300 = 8/13 Activities**

HOLD HARMLESS PARAGRAPH: (Must be completed by participant)

I shall indemnify and save harmless the MCSIG, its officers, agents, employees and servants from all claims, suits or actions of every name, kind and description, brought for, or on account of, injuries to myself resulting from my voluntary participation in MCSIG Healthy Lifestyle Solutions Incentive Program. I agree that the off-duty recreational activity in which I have enrolled is not part of my work-related duties, that I have enrolled in this activity voluntarily, and my employer does not expect or require my participation in this activity.

I grant MCSIG and its member districts, the right to use my name or picture in any broadcast or promotion of the program. Yes No

Signature of Employee: _____ Date: _____

IMPORTANT NOTICE: By completing this registration form, you are registered (pending approval) for the MCSIG Healthy Lifestyle Solutions Incentive Program. You are responsible for returning all receipts, personal logs and certifications by May 30. No payments will be processed after June 30.

RETURN THIS FORM TO THE ADDRESS BELOW IN ORDER TO BEGIN THE PROGRAM:

MCSIG 76 Stephanie Drive, Salinas, Ca 93901

Fax (831) 755-0172